

1. DATE OF INCIDENT <b>11-JUL-2013</b>		2. ADDRESS OF OCCURRENCE <b>13:07:00 3951 W 103RD ST CHICAGO, IL 60655</b>		3. LOCATION CODE <b>277</b>		4. BEAT/OCCUR <b>2211</b>															
5. POSITION <b>9161</b>		6. LAST NAME <b>SMOLEK</b>		7. FIRST NAME <b>MARLENE</b>		8. STAR NO. <b>5499</b>		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE <b>502</b>		12. HT. <b>150</b>							
14. DATE OF APPT. <b>24-JAN-2000</b>		15. EMPLOYEE NO. <b>022</b>		16. UNIT & BEAT OF ASSIGNMENT <b>2213</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No											
20. LAST NAME <b>GUFFRE</b>		21. FIRST NAME <b>PHILLIP</b>		22. M.I. <b>WHI</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>WHI</b>		25. D.O.B. <b>510</b>		26. HT. <b>182</b>		27. WT. <b>182</b>							
29. TELEPHONE NO. <b>CHRIST</b>		30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>CHRIST</b>		34. BY WHOM? <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Apparently Normal <input type="checkbox"/> 05 Under Influence		35. CHARGES PLACED <input type="checkbox"/> DNA		36. CB NO. <input type="checkbox"/> DNA							
38. SUBJECT'S ACTIONS <input type="checkbox"/> DNA		39. MEMBER'S RESPONSE <input type="checkbox"/> DNA		40. ADDITIONAL INFORMATION <b>I HAVE BEEN ADVISED THAT ALL SHOOTING INCIDENTS ARE BEING REVIEWED FOR CRIMINAL PROSECUTION BY UNITS OF STATE AND FEDERAL GOVERNMENTS. THIS STATEMENT IS NOT BEING GIVEN VOLUNTARILY, BUT UNDER DURESS. I KNOW I WILL LOSE MY JOB IF I REFUSE.</b>		41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>		45. MAKE/MANUFACTURER <b>SMITH &amp; WESSON -US- (BODYGUARD, CHIEF SPECIAL)</b>		46. MODEL <b>3953</b>		47. BARREL LENGTH <b>3.5</b>		48. CALIBER/GAUGE <b>9 MM</b>	
49. TASER DART ID NO. <b>TDP5304</b>		50. WEAPON SERIAL No. (Include Letters) <b>625216</b>		51. CHICAGO GUN REG. NO. <b>625216</b>		52. IL FIREARM OWNER ID. NO. <b>1</b>		53. HANDGUN CERTIFICATE NO. <b>9</b>		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>9</b>			
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		63. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>CAR</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	
72. CASE INFO.		73. REPORTING MEMBER (Print Name) <b>SMOLEK, MARLENE</b>		STAR/EMPLOYEE NO. <b>5499</b>		SIGNATURE <b>11-JUL-2013 21:38:33</b>		74. REVIEWING SUPERVISOR (Print Name) <b>RICHARDS, WARREN F</b>		STAR NO. <b>243</b>		SIGNATURE <b>11-JUL-2013 21:39:46</b>		DATE REVIEWED <b>11-JUL-2013 21:39:46</b>		TIME <b>11-JUL-2013 21:39:46</b>		75. SIGNATURES <b>HMW357645</b>			

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject currently in surgery in Christ Hospital

78. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The members actions were in compliance with Department policies and Directives after offender pointed an object in her direction, causing her to fear for her safety and officer fired her weapon.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

FLETCHER, CHRISTOPH D

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

11-JUL-2013 21:50:50

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT  
☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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